

10/530219

JC06 Rec'd PCT/PTO 31 MAR 2009

Application Data Sheet

Application Information

Application number:	Not yet assigned
Filing Date:	Herewith
Application Type:	Regular
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R:	None
Number of CD Disks:	
Number of copies of CDs:	
Sequence Submission?	
Computer Readable Form (CRF)?	
Number of Copies of CFR:	
Title:	METHOD AND SYSTEM FOR CREATING A PRODUCT PARTS CATALOG
Attorney Docket Number:	OMOR-0010
Request for Early Publication:	No
Request for Non-Publication:	No
Suggested Drawing Figure:	1
Total Drawing Sheets:	31
Small Entity?:	Yes
Latin name:	
Variety denomination name:	
Petition included?:	No
Petition Type:	
Licensed US Govt. Agency:	
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	

Applicant Information

Applicant Authority Type: Inventor
Primary Citizenship Country: JAPAN
Status: Full Capacity
Given Name: Tomohiro
Middle Name:
Family Name: YAMADA
Name Suffix:
City of Residence: Tokyo
State or Province of Residence:
Country of Residence: Japan
Street of mailing address: c/o LATTICE TECHNOLOGY, INC.
City of mailing address: 4F Hiei-kudan Bldg.; 3-8-11, Kudan-minam
State or Province of mailing address: Chiyoda-ku, Tokyo
Country of mailing address: Japan
Postal or Zip Code of mailing address: 102-0074

Applicant Authority Type: Inventor
Primary Citizenship Country: Japan
Status: Full Capacity
Given Name: Koji
Middle Name:
Family Name: TANAKA
Name Suffix:
City of Residence: Tokyo
State or Province of Residence:
Country of Residence: Japan
Street of mailing address: c/o LATTICE TECHNOLOGY, INC.,
City of mailing address: 4F Hiel-kudan Bldg.; 3-8-11, Kudan-minam
State or Province of mailing address: Chiyoda-ku, Tokyo
Country of mailing address: Japan
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Given Name: Tomohiro
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Family Name: HARADA
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State or Province of mailing address: Chiyoda-ku, Tokyo
Country of mailing address: Japan
Postal or Zip Code of mailing address: 102-0074

Correspondence Information

Correspondence Customer No.: 23377

Name: _____

Street of Mailing Address:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code of Mailing Address:

Phone number:

Fax number:

Representative Information

Representative Customer No.: 23377

Domestic Priority Information

Application: **Continuity Type:** **Parent Application:** **Parent Filing Date:**

Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:
Japan	2003-158541	June 3, 2003	Yes

Assignee Information

Assignee name:

Street of mailing address:

City of mailing address:

State or Province of mailing address:

Country of mailing address:

Postal or Zip Code of mailing address:

Assignee name:

Street of mailing address:

City of mailing address:

State or Province of mailing address:

Country of mailing address:

Postal or Zip Code of mailing address: